

ICI Advisory Council
Monday May 16 2016
DLT – 1511 Pontiac Avenue
Cranston, RI
2:30pm
Meeting Minutes

Attendees: Jennifer Bowdoin, Diana Beaton, Moe Bourdeau, Lauren Lapolla, Sandy Curtis, Michelle Szylin, Tammy Russo, Sam Salganik, Ann Mulready, Bill Flynn, Garry Bliss, NHP Rep, Virginia Burke, Paula Parker, George DuBuque, Sylvia Bernal, Kim Capuano, Kathy Heren, Jim Nyberg, Deanne Gagne,

I. Welcome – Jennifer Bowdoin, EOHHS

Jennifer Bowdoin: Thank you to everyone for coming today. We are going to run through a few updates today and take your questions as we continue to move forward with this exciting project.

II. Updates

Jennifer Bowdoin: We are starting to do more outreach and communications with folks. DB is doing a lot of outreach and training with folks within EOHHS. Also working to do a lot with NHP, if you have groups that you would like us or NHP or a combo of the two to do a training with we are happy to do so to really try to target groups. NHP is doing a lot of NH and LTC provider outreach - but there are many providers in the state, and many people eligible for this program, so always welcome your suggestions so we don't miss anyone. If we do miss folks on training the first month, that opportunity is not gone – the program is continuing through 2020 so lots of time to educate and inform. It is a lot of stuff for folks to know, thus if we need to come back a few times we can.

Ann Mulready: If someone misses their enrollment deadline, is it annual open enrollment?

Jennifer Bowdoin: For someone in the opt-in group, they can opt in at any time – one month, six months, so be it. When they call us they need to call by the 10th of the month, and then enrolled by the 11th.

Jennifer Bowdoin: At the last TF meeting we mentioned that based on some feedback we got from folks in this room and other places, we are working to bring the call center into the state. Initially it will still be out of state – in Illinois, as the change couldn't happen enough. After six months, it will be in East Providence, co-located with the call center for HSRI. We heard you and are working to make that change. The call center phone number and hours are on all the enrollment notices and any materials. It has extended hours 830-7 m-f and some we weekend time as well to try to give better access.

Jennifer Bowdoin: We are still in the process of selecting the ombudsman for the demonstration, hopefully we will have some good news to share soon, but not announcement just yet. This is a dedicated ombudsman for people in his program –

different from the LTC ombudsman, serves a different purpose. The LTC ombudsman also has different regulatory authority than this ombudsman will, so we can make some information available in the future to help clarify those two groups. We know that we will need to work to be sure people connect appropriately to the correct department.

Tammy Russo: There was originally a discussion about the call center having an on-site supervisor present on nights and weekends is that still the case?

Jennifer Bowdoin: Yes it is.

Sam Salganik: For the ombudsman program, unless something happens very soon they likely will not be up and running in time. Did the notices have their numbers on there?

Diana Beaton: Initially we worked with CMS so that the call center numbers will be there and then warm transfer to ombudsman. Right now it is not in the notices as we didn't have the information to give to the print center.

Sam Salganik: In terms of running calls through eh call center, our experience with doing similar work through HSRI, is that often our work is because of urgent needs for folks who cannot get through to the call center. Would want that experience recognized here, and thought through.

Jennifer Bowdoin: Absolutely. Some states did not get their ombudsman program up and running for the first year of the program –not ideal – we want it up as soon as possible, but we do have their example. Interestingly you do have to do a lot of outreach and education about the benefits of the ombudsman program. Through the federal funding we have access to a technical assistance from a PR firm that work with many government contractors offering free guidance on outreach strategy.

Sam Salganik: Since notices are going out in a couple weeks –can you remind me who will first get those notices?

Jennifer Bowdoin: That is one of the things that is being re-assessed at the moment, so I cannot really say, but we can let you know esp. those who is likely to get phone calls, so that when people show up and they are not sure what to do with it.

Sam Salganik: I think the main talking point is that no one needs to rush – if they want to opt in later they can.

Jennifer Bowdoin: Yes. NHP is restructured in term so marketing that they can do around this – depending around also if the client is already in NHP or not that changes too. CMS says that if they send a postcard before a note comes out often leads to more confusion. People really think that having separate outreach may help we can look at that, but what we have heard is it can lead to another layer of confusion.

Paula Parker: DEA was excited to get a SHIP/ADRC grant in association with this project. Through the United Way of RI we have hired three MME counselors, they are here today, attending every meeting every training, every everything. They started April 4 and absorbing all they absorb. Please introduce yourselves (Silvia Bernale, came from an insurance company and for 5.5 years working with Medicare options and older areas of retirement, for LTC etc. and helping decide which plans make more sense for them; Kim Capuano – retired from BCBSRI after 37 years; George DuBuque – last career was with Amica and MetLife,

prior to that I was in state agencies and familiar with Medicaid eligibility, also worked at DLT where instructed youth on how to reach out and find employment, and also was a DCYF protective services officer). Thank you – I think we got very lucky with this well-seasoned group. We are very excited to be working with them.

II. Implementation Council Updates

Jennifer Bowdoin: As many of you know we have been trying to work on shifting this group from what we have now, which is me standing up in a room presenting to you all, to a model more like what is in Massachusetts. One of the things they did in Mass was create an implementation council who recruited consumers, advocates and providers to be on it, with a formal structure, and it continues to be a nice opportunity for consumers and external stakeholders to be giving feedback and be informed about the demonstration. We have been working to get that off the ground here. We have circulated nomination letters, FAQs and have hosted some information session. We are looking for 15-21 people who are looking to volunteer their time, and help them to have their voices be heard.

Moe Bourdeau: In total we have had 21 respondents, but always looking for more. 10 providers, 4 advocates, 3 family members and 4 consumers.

Jennifer Bowdoin: We are continuing to recruit people – due back date June 4. We have copies of the nom form and the outreach letter as well as the FAQ here today. WE did not bring them here today but we do have copies of all the documents in Spanish as well so we are happy to share that with you or anyone you recommend as appropriate. The initial selection we are hoping will make the commitment to serve through 2017. We think it will take some time for consumers to understand the program, and we will host training sessions on the demonstration as well as basic training on how to be an effective council member as well with an option for more training as requested. We are looking to create a strong advocacy and stakeholder group to inform this demonstration.

Ann Mulready: On the materials that go out to people is there a name for the program?

Diana Beaton: Yes- I have copies I can pass along as well.

Jennifer Bowdoin: Yes trying to use NHP Integrity as that is what consumers will know.

Virginia Burke: You said there will be three waves of active enrollment, end of May, end of June, end of July?

Jennifer Bowdoin: Yes, and the first passive notice will overlap and go out the same time as the last active wave.

Diana Beaton: Once we have those scheduled and figured out we can send to Lauren the information to circulate to you all to advise what groups will be receiving the info and when.

III. Working Group session – *Not everyone may be interested in staying for this, but all are welcome.*

Diana Beaton: Sending around notices and fact sheets – I will have Lauren send around the link on our website with all of these key documents in e version as well. Training the SHIP counselors will get all the information on this program. There will be in person counseling from the MME program for deeper level of understanding.

Jim Nyberg: Did in Phase I we included that one pager Linda Katz worked on will that updated version go out with that?

Diana Beaton: No, this fact sheet will adjust that.

Jennifer Bowdoin: Our struggle is always how much information is too much – always a balance to hit.

Jim Nyberg: May be key as programs, like, PACE should be included in the information as well.

Diana Beaton: And the trainers have also been trained up on PACE, and the information as well.

Bill Flynn: The fact sheet here is more for providers?

Diana Beaton: The FAQ with a picture of the cards will go out to consumers. The FAQ that states FACT sheet is for providers.

Bill Flynn: I think this makes a good case for why you may want to enroll in this – we did not have that in Phase I.

Virginia Burke: What would you think about letters tailored to specific populations?

Diana Beaton: We'd have to walk that back. We have five versions of letters as is now, in multiple languages, so we need to streamline and be sure we can manage what we have.

We do have another opportunity to look at it so we can walk back. You're right on messaging we have to do a better more focused message for populations on these group. I think we need to make it clear for each group why it is good for "me"

Kathy Heren: These phase II letters are definitely better. What I have an issue with is that in the letter doesn't have information about opt out?

Diana Beaton: These letters here are opt in only. The opt out letters are distinct and different. We are looking at the opt in letters today as they go out first. You can see both on our website. The opt out letters do say in bold on each letter that they have to reach out to opt out.

Kathy Heren: When they get something like this, they'll look at it and ignore it and nothing happens.

Diana Beaton: That's right, but if they start talking to a friend four months later and say they want to join or opt in they can do so then.

Kathy Heren: What makes the distinction between opt in and out?

Jennifer Bowdoin: We take the whole population eligible for the demo in this state and we look at 4 things: 1 are they enrolled in NHP Unity? If they are not, we will not auto enroll them so they get opt in. 2 if they have been auto assigned to a part D plan then

Diana Beaton: I have written this and it is a part of the training plans,

Jennifer Bowdoin: We cannot auto enroll them if they are not already in NHP, if they are in a Medicare advantage plan (or PACE), if they are already auto assigned to a part D plan, or if they have commercial coverage or retiree benefits so as not to disrupt – anyone who meets those criteria will not be auto enrolled in this new plan.

Kathy Heren: Ok the other group then. They get two letters?

Jennifer Bowdoin: Mrs. Jones would get a 60 day notice saying we have a new plan available (dropping no sooner than July 28) your effective day is X unless you call us. And then they get another letter 30 days before.

Kathy Heren: Ok as long as that is clear – we don't want people pushed into something they don't know about.

Diana Beaton: Last time we did it in one letter and that was complicated – now in two to reinforce it.

Kathy Heren: Are you doing a training for LTC social workers?

Diana Beaton: We can.

Michelle Szylin: You mean the Nursing Homes?

Kathy Heren: Yes

Jennifer Bowdoin: NHP has been scheduling trainings quite a bit – we can see who they are reaching out to.

Neighborhood Health Rep: Case managers, workers, discharge planners. We cannot reach out to the clients yet, but...

Kathy Heren: RIHCA and RIALA have groups of these people and you should reach out to those specifically.

Jennifer Bowdoin: We don't want to duplicate efforts, but these are good ideas and we hear you.

Jim Nyberg: Say someone gets an opt in letter, and then others get an opt out letter and we hear confusion in one setting. Who do we reach out to for explanations?

Jennifer Bowdoin: You're right. At that point we point the MME counselors who will go to a central location where we know there are large groups of people located and can come and speak and clarify.

Diana Beaton: We have an ombudsman, ship counselors, NHP, the state – we are trying to train us all at the deepest level, but all on the same page. I can put the most recent version on the website, and one of the appendices you would see there is a phone directory which includes when and why you might call someone. That would be a very specific NHP question. Others would be directed to refer someone, even if they call the enrollment line, the enrollment line will be training to call NHP as appropriate. As the enrollment line will need to enroll and dis-enroll, we are starting training on systems piece. That line will also be able to answer basic questions, and then also be prepared to triage calls appropriately.

Kathy Heren: Have the LTC/NH doctors be put in the NHP system?

Jennifer Bowdoin: Continuing of care piece, even if the client has a doctor of of network

they can see that provider for six months and we will try to get that relationship shored up.

Kathy Heren: Still good to smooth those relationships.

Neighborhood Health Rep: For advocates here – not for the consumers – for the helpers though, we do have a searchable directory online as well.

Diana Beaton: And also the extended hours for our call center will help there.

Paula Parker: Will NHP be ramping up their call center as well?

Diana Beaton: Yes – extended hours, and a bit of a larger group handling.

Deanne Gagne: The population that we help at Advocacy in Action is often the DD population. Will people be getting this letter, most will be good with it – I think it's great – but the more that you go out and educate is huge. Advocates in action can help you do that as not all will understand the letter. Also there will be a concern that a person who has NHP in the Unity program – can I step out if I do not like the program?

Diana Beaton: Yes

Deanne Gagne: That's key though – need to make it clear.

Diana Beaton: Absolutely- and we can work with you and your team and all others you recommend to try to broaden our message, to help clarify what is confusing etc. We want to remind the call center if we are having trouble on the ground with a single concept etc. In addition to main benefits, maybe for you it is important to have more than one card. It becomes simple, over time it will be very beneficial.

Michelle Szylin: Part of the benefits you say in here are no copays for prescription drugs?

Jennifer Bowdoin: Yes, NHP is waiving copays.

Michelle Szylin: I didn't know that – maybe we can clarify that for providers. As that is not true in the FFS world, may want to clarify a bit more.

Sam Salganik: Following in that vein, it says there are no premiums. Is that also true for duals eligible for the Medicare premium program?

Diana Beaton: For this program, you're a full dual, and not paying.

Sam Salganik: But in most duals either have Medicare premium payment programs, so is it no premiums for this beyond the Medicare premiums; most will also be eligible for these programs where their premiums are paid. A small percentage may have that. What does no premium mean?

Jennifer Bowdoin: Let me go back to see that – many of that happens behind the scenes between the state and federal regulators so let me find out. I don't want to misspeak.

Sam Salganik: Can I keep my doctors, home health aides – the answer yes if they're in NHP network, which is good, but could be misleading.

Neighborhood Health Rep: Our network is very wide and if you have existing relationships you have that continuity of care plan for six months to try to get your provider in NHP or if not get you with someone else.

Sam Salganik: That's true and good, but not ideal. I know your network is expansive, but there may be some providers not there.

Deanne Gagne: People that have pt. B premium now may an amount, will that be waived?

Diana Beaton: We need to check that – we want to be sure. This program is a MMP, part A, Pt B, PT D all under one umbrella – phase 1 was different, but this is all in one if you are in it.

Diana Beaton: If anyone had any ideas of other supplemental materials – you can think it through and get back to us. We want to provide a basic piece for ship counselors to use; perhaps also a panel brochure with the four key numbers.

Kathy Heren: I like that phone number idea.

Jim Nyberg: For what do we need, items 1 & 2, since they are still in development can PACE be included?

Diana Beaton: So this is more learning about integrity. I can walk it back and think it over, but PACE has a brochure, can explain it is different.

Michelle Szylin: I think if you include information is that we need to share the other options – Unity, PACE, LTC.

Diana Beaton: I think that's a concern, as there are differently eligibility criteria for that.

Michelle Szylin: That makes sense but you cannot promote PACE if not others.

Jennifer Bowdoin: Where it is appropriate we should encourage correct enrollment in different programs.

Gary Bliss: A FAQ should be where others would be. Help the adult daughter answer questions about the sibling or parent. Something for the caretakers. Help them answer questions that they'll be getting from the person for whom they are caring. Help them understand this choice, explain why I got this, what about my drugs, what about my doctor etc.?

Sandy Curtis: Like a resource guide.

Paula Parker: An FAQ for caregivers.

Sam Salganik: Also help explain who may not be a good candidate for it.

Garry Bliss: Someone else may be wondering this seems too good to be true, they can be suspicious. I think therefore you gain something by being honest.

Diana Beaton: Ok we will try to come up with a list, and organize it and circulate around for comment.

Ann Mulready: Can family members call the counselors?

Diana Beaton: Yes absolutely.

Ann Mulready: Ok I think key o direct there as well.

Tammy Russo: And access to doctors list. Also recall the population include those adults with developmental disabilities so want to translate it into easy reading as well.

Diana Beaton: Want to note that when we have it ready we will have a landing page for specific questions re: drugs (once formulary is ready) and providers.

Virginia Burke: When I look at this, why would I do it – for our residents maybe you do need something specifically tailored to them.

Diana Beaton: I think so. Perhaps you and Kathy can help us supplement that.

Virginia Burke: I think for our residents the clinical advantages are big.

Sandy Curtis: Massachusetts has a book, for all these types, instead of having so many FAQs and letter, it is rather a resource book that is all together and you turn to a page to refer to based upon who you are.

Diana Beaton: We can take a look at it.

Virginia Burke: That brings up another question for me. The short stay patients who come into us, I would assume the materials would go to their homes rather than facility, but is that right?

Jennifer Bowdoin: It goes to whatever address Medicaid has on record.

Ann Mulready: In the MOU I know there was some mention of getting rid of DD benefits; can we look at more clarity around that?

Diana Beaton: Yes we can walk that back.

Adjourn.